POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J.B.		
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	mk	kd	11/06/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔ .... ʼRejected
= .... Allowed
– (Through numeral)... Canceled
÷ .... Restricted

N .... Non-elected
I .... Interference
A .... Appeal
O .... Objected

Claim Final	Original	Date
	1	✓
	2	✓
	3	✓
	4	✓
	5	✓
	6	✓
	7	✓
	8	✓
	9	✓
	10	✓
	11	O
	12	O
	13	O
	14	O
	15	✓
	16	O
	17	✓
	18	✓
	19	✓
	20	✓
	21	✓
	22	✓
	23	✓
	24	✓
	25	✓
	26	✓
	27	O
	28	O
	29	O
	30	O
	31	✓
	32	O
	33	✓
	34	✓
	35	✓
	36	✓
	37	✓
	38	✓
	39	✓
	40	✓
	41	✓
	42	✓
	43	O
	44	O
	45	O
	46	O
	47	✓
	48	O
	49	✓
	50	

Claim Final	Original	Date
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Claim Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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